DOCUMENT RESUME

ED 343 739 RC 018 558

AUTHOR Mohatt, Gerald V.
TITLE Healing and Spirituality: Implications for the Training and Practice of Psychologists.
PUB DATE Aug 91
NOTE 5p.; Paper presented at the Annual Conference of the American Psychological Association (San Francisco, CA, August 16-20, 1991).
PUB TYPE Speeches/Conference Papers (150) -- Viewpoints (Opinion/Position Papers, Essays, etc.) (120)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *American Indian Culture; Cross Cultural Training; Helping Relationship; Personal Narratives; Psychologists; *Psychotherapy; *Therapeutic Environment
IDENTIFIERS Commitment; Lakota (Tribe); Medicine Men; *Spirituality; *Traditional Healing

ABSTRACT

This paper outlines a psychologist's insights about traditional American Indian healing, gleaned through 20 years of friendship with and observation of Lakota medicine men. These insights include the following: (1) the power of traditional Lakota medicine comes from vision; (2) the healer's role is related to family history; (3) the process of becoming a medicine man is arduous, involving the quest for a vision and an ongoing commitment to intense personal growth through ritual; (4) Lakota healing rituals often produce dramatic results in a short period of time, but persistence of a cure depends on the presence of a healing community that directs spiritual energy toward the cure; (5) healers suffer and endure much because their commitment to others places no limits on the demands of others; and (6) the healing environment is dispersed throughout the community and is able to renew itself, but a healer must act as pivotal person in bringing this energy to the person needing help. Reflection on traditional healing practices and the medicine man's role raises many questions concerning the practice of Western psychotherapy and the training of psychologists. These questions involve the spiritual source of a student's desire to be a therapist, the necessity for professionals to pursue personal growth and knowledge about their own possibilities and limits, the nature of a cure, the nature of a healing community and how it is created, and the origins of healing in spirituality. (SV)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED343739

APA PRESENTATION:

HEALING AND SPIRITUALITY: IMPLICATIONS FOR THE TRAINING AND PRACTICE OF PSYCHOLOGISTS

BY Gerald V. Mohatt
Dean and Professor of Psychology
University of Alaska Fairbanks
College of Rural Alaska

In 1968 I was a young and inexperienced psychologist, teaching and doing school psychology at an Indian school on a Plains reservation. One day a man I had met called and asked to see me about his wife. He came and told me of her problems, which had him very concerned that she would either kill herself or simply become so sick from not eating that she would die. He wanted help for her and asked if I would come to the house and see her. I agreed and told him to prepare her by telling her who I was and that I would come to talk with her about what problems she might have. I asked that no one be home when I was there and said that we would see if I would come back or if she would come to my office at the school.

The next day I went to their home and visited with her for about an hour. She was in her 20s, attractive and well groomed but affectless. She found it very difficult to talk. Over the hour or so she talked more and more, explaining her interpersonal difficulties and her deep depression. As we completed the session, I explained that I would return the next day. I was convinced that she had an intense situational depression with a complex set of underlying problems that had persisted for years. I thought it would be a difficult treatment and one for which I would need some good supervision. However, this was a remote area, so I knew I would have to do it on my on, read a lot, and make some phone calls.

Over the next few days, I saw the young woman twice more. The sessions involved a lot of history taking, some reflective Rogerian-type listening, and attempts to understand where she fit in her family and her history within the family and community. The sessions were quite slow. She was the first Lakota adult I had attempted to treat, and I felt pretty clumsy. She was quite bright and able to do much of the work. However, over that period she showed no significant improvement in her symptoms. I told her husband that it was likely to take awhile to see symptoms improve, but given her intelligence, motivation, and developing insight, she should get gradually better. He remained worried that she still would not eat, couldn't sleep at night, slept much during the day, and did not show any interest in her child or him. He still worried about suicide. Although I did not think she was suicidal, it was clear she could become so, and I hoped I could speed up the treatment. I made an appointment for her to come to my office the next week and told her we would continue for two to three sessions per week.

RC018558

BEST COPY AVAILABLE

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
This document has been reproduced as received from the person or organization originating it.
Minor changes have been made to improve reproduction quality.
Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Gerald V. Mohatt
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

The day before I was to see her, her husband called and said she would not be coming. After a bit of questioning, he told me that his wife's grandparents had taken her to a medicine man on Friday and she had now completed four treatments. He said she would go back periodically for a thanksgiving ceremony and continued treatment as she chose. The thanksgiving ceremony would be on a monthly basis. "How is she?", I asked. "Fine," he indicated. "She has been eating more than before. She communicates and interacts with both her boy and me. She even leaves the house to visit friends and is talking about going back to her work." "Was she at all elated or hyper," I wondered. He indicated she wasn't but was gradually eating more, going out only for a brief time, and slept very well. Most of her symptoms were lessened. She was not manic and talked about what she had experienced.

I was flabbergasted. I asked him if the medicine man said what her problem was. He said, "yes, he said she had a bug on her brain." A few years later, I asked this medicine man about this aspect of the case. He said that the bug or parasite was actually between the brain and skin, attached to the membranes, and was stimulating and affecting certain parts of the brain, causing the woman's symptoms. The medicine he used eliminated this bug, so the symptoms began to disappear. At the time I was perplexed. I knew of medicine men, but members of our community said to avoid them because of their power to influence for bad. Clearly what he had done was not bad, and I needed to become involved with these men if I was serious about wanting to assist as a psychologist. I wanted to know the origins of this power, how it was practiced, and the implications for my own practice and the education of mental health para-professionals on the reservation.

Over the past 20-plus years I have been privileged to know a large number of traditional medicine men, some quite intimately. I have learned much from them, and I believe we Western-trained psychologists, who are engaged in therapy, counseling, or prevention have much to learn from these individuals. I want to share some of this with a little history and detail in order to stimulate some discussion for our conversation hour.

1. The power of traditional Lakota medicine comes from vision, the woihanble. Without it a vacuum exists and a game is played.

2. In many traditional cultures worldwide, the role of healer is related to family history, if not heredity, in order for the community or other healers to determine if the roots of a healer are present.

3. The process of becoming a medicine man is arduous. The process involves intense personal growth through ritual. Much of the focus is on the acquisition of the vision. Once this vision is acquired, increased ability to treat is based on acquiring a new or amplified vision. This involves a continued commitment to growth and struggle at a very deep personal level.

What helps our students to discern why they are interested in becoming a therapist and the authenticity of its origins? What commitment is there within the profession to socializing those we educate to grow personally to learn more of their possibilities and limits? However, as the topic of this hour indicates, we are talking about spirituality. The deeper question is not simply psychic origins, but destiny, "call," evolution of the spiritual roots of the call, and vision--a vivid internal or external experience that originates from the transcendental or mysterious. How that deep level is acceptable in a scientific psychology without reductionism is a complex question.

4. The forms of healing vary greatly from indigenous group to group, so one must avoid pan-native views of healing and spirituality. In terms of the Lakota, those rituals used to heal often, but not always, produce rather dramatic results in a relatively short period of time. In other words, it is not unlikely to see major relief of symptoms within a few days. I have been told that for the cure to persist, the major element needed is a healing community who along with the patient has one desire--to heal the individual. This intense sharing of energy and power is the critical factor. It raises many questions: What is an healing environment? How can one create it within a community, a group, or an individual? What constitutes a cure? What is the spiritual origin of the power that allows the healer to touch another person in a way that can lead to healing? Medicine men have told me that the major obstacle is the desire of others for their own help and their inability to focus a desire for another's healing without any self interest.

5. Healers suffer a great deal. Their own commitment to others aspires to have few or no limits to the demands of others. If the healer says no to a patient, it is not based on his time and convenience but because of the appropriateness of the situation. In other words, the medicine man is literally for the other. This, at least among the Lakota, is one rather scary element of whether one chooses to follow their vision. The strength of one's internal growth becomes critical in terms of enduring. Given that among the Lakota the healer has great respect but little financial security, they exemplify a level of commitment to their vision and to other people that I have seldom seen.

6. Richard Katz has mentioned that healing is a renewable resource and that unlike Western professionalism, it is dispersed throughout the community, not professionalized, and able to renew itself. In some ways this is true for the Lakota. The healing environment discussed previously is renewable. Yet among the Lakota there exists a pivotal person, the healer, through whom this energy is brought to those seeking healing. An important issue of which I have little current understanding is that in fact the healer may not have as pivotal a place as I had thought. A very close friend of mine who was a medicine man told me that

much healing is more closely related to the vision and desire of those present than many thought. He seemed to imply that the people had formalized and ritualized healing to the point that it became magical. It appeared that people felt that if they did certain rituals in minutely formalized ways, they would provide the healing. He said the form was not important. The community of healing was critical. In this way, much of healing is renewable and accessible to a broader section of the community. However, in this situation too, those involved are committing themselves to a long-term relationship to others. Healing communities do not occur overnight and should not disappear as quickly.

Finally, this does not imply that the more esoteric role of the healer can disappear without a great loss to the community. My experience is that it continues. It will look somewhat different in form than it has, but variation in form does not imply a difference in substance. Indigenous healing is a most rigorous and complex process, and the life of the healer is rigorous, demanding, and inspiring. Healers show us who are psychologists a road that we should seriously examine before and during our practice. My sense is that as Lacan and Jung both indicated years ago, North America is one of the few places where one can learn about the origins of healing, the unconscious, and how to treat the most severe forms of pathology, because tribal people and practitioners remain true to forms of healing that originate from the deepest parts of human experience. It has been these parts of experience that have become lost or ignored in our modern world, dominated by Western science based on Lockean assumptions and religions that eschew spirit for form.